

Neighborhood Organization Registration Form



General Information (Please fill out in full so we may serve you more efficiently)

Organization:

Date Formed:

Mailing Address:

Phone:

Email:

Website URL:

Primary Contact Information

Name & Title:

Phone:

Address:

Email:

Organization Leadership (Names, Positions & Contact Information)

| Name | Title | Address & Phone # |
|------|-------|-------------------|
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| | | |

Organization Boundaries (Street Names)

| North | South | East | West |
|-------|-------|------|------|
| | | | |

Please describe how were these boundaries selected:

How Many of the following are within the boundaries of your neighborhood?

Single Family Homes _____ Mutli-family Homes _____ Churches _____ Vacant Lots _____ Commercial Properties _____ Schools _____

Please return completed form to: City of Jacksonville, Office of Livable Neighborhoods
815 New Bridge Street
Jacksonville, NC 28541

Email: cgeorge@jacksonvillenc.gov • Phone 910 938-6551

